Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003								MS1-190103					
CLAIMS AS FILED - PART I (Column 1) (Column 2).								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			40 minus 20=		•	20.		XS 9=		OR	X\$18=	360	
INDEPENDENT CLAIMS			3 minus 3 =			0		X43=		OR	X86=		
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
.* 11	f the difference	e in column 1 is	less than zero, enter 0- in column 2-			column 2-		TOTAL		OR	L	1130	
	C	_	MENDED - PART II (Column 2) (Column 3)									OTHER THAN	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus ·	**		<u> </u>		X\$ 9=		OR	X\$18=		
	Independent	*	Minus			=	Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPE				ENDENT CLAIM			+145=			+290=		
							L	TOTAL		OR	TOTAL	•	
		(Column 2) (Column 3)				A	DDIT. FEE		OR	ADDIT. FEE			
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	•	<u> </u>		X43= ·		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		ľ	+145=		OR	+290=		
	· · · · · · · · · · · · · · · · · · ·			٠.			 Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n [.] 2)	(Column 3)	, i .	• • •					
Z -	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		ÓR	X\$18=		
	Independent	*	Minus	***		=		X43=	2		X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+			OR		·	
• #	the entry in colum	nn 1 is less than the	antor in colu	mn 2 uzite 4	N° in cel·	ima 3	L	+145=		OR	+290=		
H	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pain nber Previously Pain	d For IN THIS id For IN THIS	S SPACE is I S SPACE is I	ess than less than	20, enter *20.* 3, enter *3.*		TOTAL DOIT. FEE		• •	TOTAL DDIT. FEE mn 1.		